

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

OPTOMETRIST

DOPL-AP-077 REV 07/17/2002

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a post office box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. Submit each of the following to document that you meet the education requirement:
 - ❑ A copy of your transcript documenting completion of a doctoral degree from a school of optometry accredited by the Council on Optometric Education.
 - ❑ A copy of your transcript or a copy of your certificate of completion documenting completion of a minimum of 100 hours in general and ocular pharmacology and a course in emergency medical care (CPR or BCLS) **if you graduated with a doctoral degree from a school of optometry accredited by the Council on Optometric Education prior to July 1, 1996.**

2. Submit each of the following to document that you meet the examination requirements:
 - ☐ Request NBOE to submit to the Division documentation of your having passed the NBOE examinations, Parts I, II, III and TMOD.
 - ☐ Submit the take home Utah Optometry Law Examination (attached to this application).
3. If you are applying for a Utah Controlled Substance license, submit the original letter from Exporior documenting a passing score on the Utah Controlled Substances Law Examination.
4. If you are applying by endorsement (currently licensed in another state), use the “Request for Verification of License” form (attached to this application) and obtain verification of licensure from a state in which you are currently licensed as an optometrist.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.
5. Submit a **\$130.00** non-refundable application processing fee for an Optometrist License.

OR

Submit a **\$220.00** non-refundable application processing fee for an Optometrist License and a Utah Controlled Substance License.

ADDITIONAL IMPORTANT INFORMATION:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to practice an optometrist.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Utah Optometry Practice Act
 - ☐ Utah Optometry Practice Act Rules
 - ☐ Utah Controlled Substances Act
 - ☐ Utah Controlled Substances Act Rules
2. **Utah Optometry Law Exam:** All applicants for licensure as an optometrist must pass the take home Utah Optometry Law Examination. The take home Optometry Law Exam is found on page 7 of this application.

3. **Utah Controlled Substances Law Exam:** In addition to the Optometry Law Exam, all applicants for a Utah Controlled Substance License must also pass the Utah Controlled Substances Law Examination. Contact Experior at the address and telephone number below to register for the Utah Controlled Substances Law Examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009

A study guide, which has been prepared to assist candidates taking the law exams, may also be purchased from Experior.

4. **National Board of Optometry Examiners (NBOE):** To obtain information to register to take the NBOE examinations, Parts I, II, III and TMOD, or to request your score report be submitted to the Division, contact: NBOE, 4340 East West Highway, Suite 1010, Bethesda, Md. 20814, (301) 652-5192.
5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **Controlled Substance License:** In order to administer, possess, or prescribe a schedule III, IV, or V controlled substance in Utah, you must obtain a Utah controlled substance license and a DEA Registration. For DEA registration information, contact the Drug Enforcement Administration at (800) 326-6900.
7. **License Renewal:** All optometry licenses expire September 30 of every even-numbered year.

Unlike many other states, Utah's license renewal schedule is not based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license.

8. **Renewal Requirements / Continuing Education:** In order to renew your license by September 30 of each even-numbered year, you must complete 30 hours of continuing education approved by the Council on Optometric Professional Education (COPE) or optometry related courses approved by the Council on Medical Education.
9. **Updating Address Information:** It is a licensee's responsibility to maintain a current

address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.

10. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
11. **Payments:** Make licensure fees payable to “DOPL.”
12. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

13. **Telephone Numbers:**
(801) 530-6628
(801) 530-6403
(801) 530-6551

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Applying For: _____

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have you ever held a Utah license before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

PUBLIC MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

APPLICATION FOR:

_____ Optometrist License

_____ Optometrist License with Controlled Substance License (Schedules III, IV, and V only)

EDUCATION REQUIREMENT:

OPTOMETRY SCHOOL:

Name: _____ Dates Attended: _____ to _____

Location: _____

Degree Received: _____ Date of Graduation: _____

If you graduated from optometry school before July 1, 1996, submit the following:

- ☐ A copy of your transcripts and/or certificate of completion documenting the 100 hours of course work in general and ocular pharmacology.
- ☐ A copy of your current CPR or BCLS Certification.

PROFESSIONAL EXAMINATION REQUIREMENT:

Answer “Yes” or “No”

_____ NBOE - Part I, Date Passed: _____

_____ NBOE - Part II, Date Passed: _____

_____ NBOE - Part III, Date Passed: _____

_____ NBOE - TMOD, Date Passed: _____

_____ Controlled Substances Law Exam, Date Passed: _____

UTAH OPTOMETRY LAW EXAMINATION

The references listed below have been provided to assist you in selecting your response. The test is not intended to be difficult. The purpose of the test is to bring to your attention specific practice issues that you need to know in order to avoid violating Utah law and rule.

Answer “**true**” or “**false**” for each statement. Do not leave any statement blank.

1. _____ Optometrists are required to complete 30 hours of approved continuing education during each licensing cycle (every two years). [58-16a-304]
2. _____ The Division may report disciplinary action to other state or federal governmental entities, the media, or to any other person who is entitled to such information under the Government Records Access and Management Act. [R156-1-503]
3. _____ An Optometrist can prescribe pharmaceutical agents for the treatment of conditions of the eye and adnexa. [58-16a-601]
4. _____ A person can sell contacts without an optometry license if that person complies with 58-16a-801. [58-16a-801]
5. _____ The use of intoxicants, drugs, narcotics, or similar chemicals to the extent that the conduct does or might reasonably be considered to, impair the ability of the licensee or applicant to safely engage in the profession of optometry can be considered unprofessional conduct. [58-1-401]
6. _____ The Division of Occupational and Professional Licensing can investigate the activities of any licensed person, subpoena witnesses, issue cease and desist orders, and take administrative and judicial action against persons in violation of the laws and rules. [58-1-106]
7. _____ An Optometrist may provide any optometric services not specifically prohibited under the Utah Optometry Practice Act and Rules if they practice within their training, skills, and scope of competence. [58-16a-601]
8. _____ Failure to refer a patient to an appropriate practitioner when the patient’s condition does not respond to treatment is defined as unprofessional conduct. [58-16a-502]
9. _____ Prescribing or administering Schedule II controlled substances by persons licensed under the Utah Optometry Practice Act is prohibited. [58-16a-601]
10. _____ Only continuing education courses approved by the Council on Optometric Professional Education (COPE) and the Council on Medical Education (CME) will be accepted. [R156-16a-304].

OPTOMETRIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
8. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
9. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?

(Questions continue on following page.)

10. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
11. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
12. _____ Have you been named as a defendant in a malpractice suit?
13. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. _____ If you are licensed in the health care profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. _____ Have you ever been terminated from a position because of drug use or abuse?
20. _____ Have you ever been involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

(Questions continue on following page.)

21. _____ Have you ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
22. _____ Have you ever been arrested for or charged with a felony in any jurisdiction?
23. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
24. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
25. _____ Have you ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
26. _____ Have you ever been incarcerated for any reason in any federal, state, or county correctional facility?

If you answered “yes” to questions 21, 22, 23, 24, 25, or 26 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____

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Utah Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are currently licensed as an optometrist. Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

I am requesting licensure in the state of Utah as a _____

I am/have been licensed in your state under the name _____

My social security number is _____

My date of birth is _____

My license number in your state is/was _____

I have enclosed the necessary license verification fee in the amount of \$ _____

Signature of Applicant: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Classification of License Issued: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes _____ No, please explain: _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement: from what state? _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No _____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)